

#3

THE U.S. PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATT. DOCKET NO.
11938/1

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **INTEGRATED MONITORING SYSTEM**, the specification of which was filed on December 22, 2000 as U.S. Serial No. 09/746,604.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

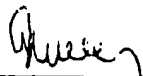
James E. Rosini (Reg. No. 30,101)
Jeffrey S. Ginsberg (Reg. No. 36,148)

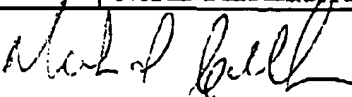
SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:


KENYON & KENYON
One Broadway
New York, NY 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United

States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME SWEENEY	FIRST GIVEN NAME Geoffrey	SECOND GIVEN NAME George
RESIDENCE & CITIZENSHIP	CITY New South Wales 2120	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia
POST OFFICE ADDRESS	POST OFFICE ADDRESS 5 Loftus Road, Pennant Hills	CITY New South Wales 2120	STATE & ZIP CODE/COUNTRY Australia
Signature 		Date 17/4/01	

FULL NAME OF INVENTOR	FAMILY NAME CULLEN	FIRST GIVEN NAME Michael	SECOND GIVEN NAME Anthony
RESIDENCE & CITIZENSHIP	CITY New South Wales 2074	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia
POST OFFICE ADDRESS	POST OFFICE ADDRESS 11 Hartley Close, North Turramurra	CITY New South Wales 2074	STATE & ZIP CODE/COUNTRY Australia
Signature 		Date 17/4/01	

FULL NAME OF INVENTOR	FAMILY NAME SIM	FIRST GIVEN NAME Timothy	SECOND GIVEN NAME Kek Ming
RESIDENCE & CITIZENSHIP	CITY New South Wales 2118	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia
POST OFFICE ADDRESS	POST OFFICE ADDRESS 480 North Rocks Road Carlingford	CITY New South Wales 2118	STATE & ZIP CODE/COUNTRY Australia
Signature 		Date 17/4/2001	